


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000031300**

1. Entity Name  
**INNOVATIVE MANUFACTURING TECHNOLOGIES, LLC**



Principal Place of Business  
**435 DOCKSIDE DRIVE #302  
NAPLES, FL 34110**

Mailing Address  
**435 DOCKSIDE DRIVE #302  
NAPLES, FL 34110**

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0318173</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SIESKY, JAMES H  
1000 TAMiami TRAIL N. SUITE 201  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREHL, JAMES A 435 DOCKSIDE DRIVE # 302 NAPLES, FL 341103606
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05/03/06-80093-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/17/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Day \_\_\_\_\_ Daytime Phone # \_\_\_\_\_